

Development of a household resilience toolkit

Professor Paul Arbon, Professor Kristine Gebbie and Anna Hall, the Torrens Resilience Institute, Flinders University, identify the resources and actions that contribute to household resilience and the development of an assessment and referral tool.

ABSTRACT

The resources of individuals or households and the level of preparedness (bolstered by active support networks especially in times of need) assist them to adapt, learn and recover more effectively from emergency events and disasters. Because preparedness actions take time to implement, and because emergency events are frequently of sudden onset and are unexpected, the building of household resilience must be an everyday and sustained activity.

The resilience of households will depend on a range of relatively small actions and activities that build resources, preparedness and connectedness. This project focused on identifying those resources and actions that may contribute to household resilience. This led to the development of an assessment and referral tool that can be used by householders to build an understanding of their risks and awareness of relevant resources and services; thus raising their commitment to taking positive action.

Introduction

The *National Strategy for Disaster Resilience*¹, launched in 2009 by the Council of Australian Governments (COAG), identifies the need for attention to disaster preparedness and the strengthening of resilience at all levels of our society, from governments through individual communities to households and individuals. COAG agreed to adopt a whole-of-nation resilience-based approach to disaster management to enhance Australia's capacity to withstand and recover from emergencies and disasters.

A strengthened culture of community-based disaster preparedness and self-reliance has potential to allow

families and entire communities to survive without outside assistance for many days, and to recover from an emergency event more quickly. Australia's *National Strategy for Disaster Resilience* emphasises the need for increased partnerships across communities and for relationship building across all levels of government, community groups and the organisations (both private and public) that make up communities. The strategy highlights the importance of all levels of society accepting responsibility for taking actions that build resilience in preparation for a disaster or emergency event.

The Household Disaster Resilience Project was implemented by the Torrens Resilience Institute with funding provided through the National Emergency Management Projects scheme. The Institute's mission is to assist governments, emergency services organisations and society to enhance leadership and management capabilities and prepare for and respond better to emergency events. The project developed an assessment and referral tool that promotes the participation of government, communities and organisations in supporting the improvement of household disaster resilience with the aim of having greater Australian households take more responsibility for the resilience-building process.

The tool draws on the concepts underpinning the national strategy and is particularly designed to assist those who may be considered more vulnerable in an emergency event to connect with the range of community services that contribute to household resilience. The continuous process of resilience requires action at all levels as national, community or regional resilience can only be assured if it is supported by a reasonable level of household resilience.

Household disaster resilience

For the purposes of the project, household disaster resilience was defined as the capacity of a person, or people sharing a living arrangement to:

- sustain their household, even under stress
- adapt to changes in the physical, social and economic environment

¹ *National Strategy for Disaster Resilience*. At: www.em.gov.au/Publications/Program%20publications/Pages/NationalStrategyforDisasterResilience.aspx.

- be self-reliant if external resources are limited or cut off
- learn from the experience to be more prepared for next time.

This definition emphasises that resilience is not simply a state to be attained so that attention can then be paid to other issues. It is an ongoing process that requires consistent and repeated reinforcement to be at a suitably high level should disaster strike.

Project approach

The project team developed the tool from a review of current literature, with input from a Project Advisory Committee and key staff from organisations that were trialling the tool. A number of versions of the tool were developed, previewed and edited before settling on the final version.

The tool consists of two parts: Part One – Agency Resource Tool and Part Two – Household Resilience Conversation Guide. The two parts combine to provide community-based organisations (e.g. community service organisation or community club) with the materials necessary to undertake conversations about building resilience with householders. This engagement is structured to lead to householders receiving accurate and personally-relevant information about local hazards and risks, and link householders to existing community information and services that address their specific vulnerabilities and needs.

Part 1 – Agency Resource Tool

The Agency Resource Tool is completed by the community organisation and provides an assessment of local emergency hazards and risks relevant to the target households. It depends on good advice from local emergency management agencies and local governments. It is completed by the agency as a necessary prerequisite to conversations with individual householders. When completed the tool is a guide to relevant local hazard and resource information that is essential for a consistent approach by community workers and volunteers in their dealings with householders.

The Agency Resource Tool may be of some use at the agency level, such as informing staff answering phone enquiries. However, the main purpose is to provide a resource for use in conversations with householders about what they can do to prepare adequately for an emergency event. The tool also highlights what they would do when they may not have essential services, such as electricity and water, available for a few days. This conversation is supported by community-specific information in those areas where the householder identifies potential gaps or needs and where they may be more at risk.

The completed Agency Resource Tool is also essential for training staff or volunteers conducting conversations at the household level. Consistent

information helps strengthen the community.

Discussion about resources during staff orientation and training sessions may serve to enrich the level of resource information available, as well as reinforce the focus of the intended household visits.

Part 2 – Household Resilience Conversation Guide

Once the Agency Resource Tool is completed, an agency or organisation is in a position to identify households with which to have a conversation about resilience building. The households may be selected based on physical, socio-cultural or economic vulnerabilities or other criteria agreed on by the agency or the community. It would be useful for the agency or organisation to develop a plan for follow-up with the identified households at regular intervals to reinforce the need for action identified in the original conversation. Follow-up will be based on the objectives and resources of the agency undertaking the process.

The Household Resilience Conversation Guide provides individuals and volunteers going into households with key questions and topic areas useful to initiate a conversation about increasing resilience. In response to identified areas for action, the interviewer can provide the relevant information identified in the Agency Resource Tool (Part 1).

The conversation guide includes questions relating to:

- demographics, for example, name, address, number of people living in the household
- hazards, for example, does the person have concerns about flooding or industrial events that could potentially affect the neighbourhood or household
- health, for example, does the person have a health problem or disability that may limit mobility if there is a need to evacuate
- property, for example, is someone in the household physically able to routinely check the property for hazards, or prepare during a time of high risk
- connection to the community, for example, identify any family, friends or neighbours to call if assistance or help is needed.

Review of answers to these questions provides the basis to develop the referral information by the agency undertaking the initiative. It is important that the information about resources and contacts in the local area is developed and reviewed by a group of experienced community workers before it is provided to the householder. This ensures that good and consistent advice is provided across all participating households. Community resources identified might include local government support to eligible householders to clear debris or clean gutters in preparation for the fire season, contact details for organisations able to collect and safely dispose of old or unused gas bottles, or referral to local community groups where an individual may be relatively isolated from their community. The specific services available differ across

local government areas and communities and support services need to be identified before household visits commence.

Testing the process and the tool

The tool was tested by two community services organisations: St John Ambulance Australia in South Australia (St John) and the Queensland Alliance for Mental Health (QAMH). St John is well known for its statutory ambulance services, first aid services provided at events and during emergencies, and public first aid training. St John also provides a non-uniformed volunteer-based program that includes services such as support for older people who live alone and to those with disabilities or who are frail and need assistance with simple tasks of daily living. St John provided the project team with opportunities to test the Agency Resource Tool using community volunteers with access to the potentially vulnerable householders in their client group.

The QAMH is a government sector organisation providing community mental health services. The QAMH expressed a desire to test the tool with community-based mental health service clients in Queensland.

The trial phase included nine St John community volunteers in South Australia visiting 20 households, and one salaried mental health worker in Queensland visiting four households. During this time there was frequent communication between the project team and the staff members co-ordinating the volunteers. Once the trial process had concluded feedback was gathered to evaluate the use of the tool.

Evaluation

St John Ambulance

Eight staff members who had experienced using the household resilience tool participated in a group meeting to provide feedback. The staff members had used the tool in a range of metropolitan local government council areas of South Australia.

Responses provided by St John staff members were mixed. A number of staff members indicated that initially the process was unclear and a little overwhelming. This was due to the tool instructions being considered inadequate. Changes to the instructions were made accordingly. Those who used the Household Resilience Conversation Guide without having attended the initial orientation session had a much more difficult time. For example, some of the volunteers were not clear about the objective of the household assessment and, as a result, some discussions were focused on what household members should do in the event of an emergency during the

response and recovery phases, rather than what they need to do to prepare for such events. This demonstrated the importance of a clear orientation to the resilience concept and the changing emphasis on the pre-event phase in the development of community disaster resilience. This may be especially important if current or former community emergency services workers are tasked to use the tool.

Queensland Alliance for Mental Health

The response provided by the community care worker from the QAMH was overwhelmingly positive. While the project team had estimated an hour for the conversation, the care worker found that interviews took more than one hour due to the time taken to build rapport. The care worker suggested that locating the information sources for Part 1 had been time consuming and it was difficult to provide useful information to householders who were not accessing government Home and Community Care services or were not elderly. Middle income householders with slight mobility issues would have to pay for services.

The care worker remarked that the tool provided a good guide, although some questions were too simplistic. To combat this, the care worker re-worded some of the questions to suit the audience. The care worker stressed that it was the face-to-face conversations that were most effective in motivating householders. Generally, it was considered that families would make changes and review plans already in place as a result of using the tool.

Disability services organisations

As an additional step, and at the recommendation of the Advisory Committee, the project team also met with a group of representatives from the disability sector (Can Do Group, Home Care, Leveta and National Disability Services). The meeting highlighted the need for increased disaster resilience for people with disabilities. The representatives mentioned that many people living with a disability may find it useful to connect with local community members. The discussion concluded that the tool would be useful, though it would need to be altered to help in households where one or several of the members have a disability.

The representatives suggested that an adapted tool may be particularly useful for people with a disability who live in a group home setting. Alterations to the tool facilitated it being administered by a care worker potentially using several modalities. The interface with disability services and an individual's home environment, including disability aids and structural improvements, were managed by the care organisation rather than the individual and would need to be taken into account.

Outcomes of the trial

The trial confirmed the critical link in the process of building disaster resilience provided by local governments. The range of information sources available through local government varies from state to state and within local government areas, as does the communication medium by which information is disseminated. It is this information that is specific to the individual's geographic location that is essential in making the connection for a household with a question or desire to strengthen its resilience.

The participating organisations had collected their own information required for Part 1 – Agency Resource Tool of the process. This was a particular challenge to organisations that provide services across a number of different local government areas. Council websites varied in the quality of information and ease of access, with some providing detailed hazard assessments and information and others providing very little. Some of the St John community care workers had gone into council offices to ask questions about the local hazards and to collect information pamphlets before meeting with householders. Although time consuming, it was found that going into the council office often yielded better results than searching the website.

As an additional issue, access to information via the internet was not appropriate for many of the householders as they did not have access to computers. In this instance, the community care workers wrote down telephone contact numbers for available service providers and emergency services information lines. Some participants mentioned that they searched for additional information sources after completing the household conversation in order to provide more information on identified areas of weakness.

All participating representatives concurred that the household conversation covered all relevant aspects of disaster resilience. On completion of the pilot, based on feedback, wording of some of the questions was changed and examples for the questions included.

The assessment process caused householders to think about the importance of preparing for an emergency and considering what would happen if an event occurred. The community care workers mentioned that the majority of householders involved in the trial were connected with the community already and emphasised that more vulnerable householders may need to concentrate greater effort on aspects of resilience, including planning and preparing their household and surrounding environment. This project accessed clients who were receiving services from well-established community service providers. Those householders who are not connected to the community services sector may be isolated and lacking the community network and connections that are considered an essential part of disaster resilience.

Recommendations for the future

If an organisation, whether an emergency services agency or non-government organisation, was to incorporate use of the tool into its community services activities, an orientation and training session would be required to be sure that those talking with householders are familiar with the concept of disaster resilience and how the guided conversation can help. The training session would also allow for discussion of the process and provide time for a run through of the household conversation. This orientation should be scheduled to follow completion of Part 1 of the tool so that those being oriented are able to review the relevant local resources.

To achieve the full potential of this process and assessment of household resilience an effective communication and engagement plan is required. This was beyond the brief of the current project. Engagement with local governments and with the community and emergency services sectors would assist in the uptake and use of the tool with positive benefits for resilience building.

Conclusion

With sufficient hazard, risk and resource information there is a good opportunity for a variety of community service groups to become involved in the work of building household (and therefore community) resilience. This involvement may be directed to existing client groups that tend to be among the more vulnerable members of the community. Alternately it may be through deployment of a local volunteer workforce in a new community service activity that works from household to household through targeted local groups where the risk profile or other factors make the neighbourhood more susceptible in emergency or disaster events.

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